

the **CAHPS**[®] connection

Issue 3, March 2005

The Agency for Healthcare Research and Quality's **CAHPS**[®] **Connection** is an occasional update for the many users of CAHPS products and survey results.* Its purpose is to help you stay informed about new CAHPS products, the product development work of the CAHPS Consortium, and various tools and resources that may be useful to you, such as workshops and educational materials.

Please feel free to pass on **The CAHPS Connection**. If you received it from a colleague and would like to be added to the mailing list, contact the CAHPS Survey Users Network at cahps1@westat.com.

work-in-progress



CAHPS Health Plan Survey 4.0: What's New, What's the Same

As part of a concerted effort to be responsive to the needs of survey users and changes in the marketplace, the CAHPS Consortium has been busy revising and expanding the family of CAHPS Ambulatory Care Surveys. The last issue of **The CAHPS Connection** provided an update on the development of the new CAHPS Clinician & Group Survey, which will enable sponsors to gather information on patients' experiences with medical practices as well as individual clinicians (see www.cahps-sun.org/Products/A-CAHPS/CG40Products.asp for more information). In this issue, we take a look at the 4.0 version of the CAHPS Health Plan Survey.

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From CAHPS 3.0 to CAHPS 4.0

In many ways, the CAHPS Health Plan Survey 4.0 mirrors the 3.0 version, which is widely used and valued by health plans, the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), State Medicaid agencies, private employers, and others. It covers all of the same topics, retains much of the same well-tested wording and question patterns, and emphasizes the standardization that allows users to compare their results with those of other sponsors or benchmarks.

But the new version represents a response to input from users who have consistently expressed a strong interest in a survey tool that would be more flexible, more useful for improving quality, and more specific to health plans' responsibilities. Thus, one change in the CAHPS Health Plan Survey 4.0 is that it makes it easier for users to get the information they need for their organization or market. This flexibility is accomplished through a revised structure built around a shorter core

questionnaire and an array of supplemental item sets that can be added as needed. Users will be able to field either a prepackaged questionnaire designed to address specific needs (e.g., NCQA accreditation) or a "custom-built" questionnaire that meets their own specifications.

A second change is that the CAHPS Health Plan Survey 4.0 includes survey items that can be used to generate the specific and detailed data required for quality improvement. Finally, the survey has been restructured so that the core questionnaire emphasizes health plan functions while other topics and functions are relegated to the supplemental item sets.

Development Process to Date

With the help of many stakeholders (including CMS, NCQA, and URAC), the Agency for Healthcare Research and Quality (AHRQ) and the CAHPS grantees have completed an initial draft of the core health plan questionnaire. (CMS is also working with the CAHPS Consortium to modify the Medicare version of the CAHPS Health Plan Survey.) The draft of the core health plan questionnaire was circulated at the CAHPS User Group Meeting in December 2004 and is now available on the CAHPS Survey Users Network Web site (see www.cahps-sun.org/Products/A-CAHPS/HP40Products.asp#core). Supplemental items were also developed and will soon be available on our Web site.

Cognitive testing of the core instrument also commenced in December. The goal of the cognitive testing was to help determine which questionnaire items provided the best measures of the topic and what wording most clearly conveyed the concepts to the survey respondents. The results of the cognitive testing are currently being reviewed and further questionnaire modifications are being implemented.

What's a Core Questionnaire?

Both the Health Plan Survey and the Clinician & Group Survey consist of a core questionnaire and sets of supplemental items. The core questionnaire contains a standardized set of questions that all users will field. These questions focus on those aspects of care, known as domains, that are the primary responsibility of each level of care. Maintaining a core questionnaire for each level of care ensures that users get standardized results that they can use to compare their results to those of other survey sponsors and to local, regional, and national benchmarks.

Survey Contents

The draft core health plan questionnaire covers five broad functional areas or domains:

- Access, including getting care quickly and getting needed care;
- Provider/personal doctor, including communication, respect, listening, and spending enough time;
- Plan materials, including easy-to-complete paperwork;
- Customer service, including communication, courtesy, respect, and helpfulness; and
- Global ratings of health care, health plan, personal doctor, and specialist doctor.

Next Steps

Once the CAHPS Consortium completes cognitive testing of the health plan questionnaire and subsequent revisions, the next step will be to pilot test the draft questionnaire with health plans. NCQA is working with AHRQ and the CAHPS grantees to field test the Health Plan Survey 4.0(H) during the early spring of 2005. In the summer, the Consortium will analyze the results of the field test and revise the instrument and administration protocols as needed. The Consortium's plan is to release the Health Plan Survey and administration protocols for general use in the fall of 2005. NCQA will submit the revised survey to its Committee for Performance Measurement; if the survey is approved, NCQA will begin preparing for the survey to be used in 2006.

For more information and updates on the Ambulatory Care Surveys, please visit www.cahps-sun.org/Products/A-CAHPS/ACAHPSTIntro.asp.

Update on CAHPS Hospital Survey

After a rigorous survey development process and extensive testing, the Agency for Healthcare Research and Quality (AHRQ) and the CAHPS grantees provided the Centers for Medicare & Medicaid Services (CMS) with their technical recommendations for the CAHPS Hospital Survey in the fall of 2004. These recommendations included a 25-item questionnaire for hospital inpatients as well as administration guidelines.

CMS has submitted the instrument to the National Quality Forum's (NQF) review and consensus-building process.

NQF's Review Process

The CAHPS Hospital Survey is now going through expedited review by the National Quality Forum. On December 1, 2004, an NQF committee approved moving the instrument forward to the next step in the consensus process if certain changes were made. Among the committee's recommendations was a request to add two questions back into the 25-item instrument: one regarding the courtesy and respect of physicians, and the other regarding the courtesy and respect of nursing staff. The committee also suggested a revision in the wording of an item about medications. (To listen to an archived Webcast of this meeting, select www.connectlive.com/events/qualityforum.)



NQF is preparing to release its draft consensus report and the instrument for public review and comment. After the comment period, a revised report will be sent to the NQF membership for a vote. If the measure is approved by the NQF membership, the NQF board will make a final decision, which is expected sometime in May 2005.

Next Steps

Concurrent with the NQF process, the CAHPS Hospital Survey is going through the Office of Management and Budget's (OMB) Paperwork Reduction Act process. The first *Federal Register* notice soliciting public input closed on January 18, 2005. The final comment period will follow NQF's final vote on the CAHPS Hospital Survey.

Following the NQF and OMB processes, CMS will work with the Hospital Quality Alliance to train hospitals and survey vendors and then implement a "dry run" of the CAHPS Hospital Survey. The dry run will give hospitals and their vendors some experience with integrating this instrument with their existing questionnaires, administering the survey, and analyzing their results, but will not include any public reporting. National implementation will follow the dry run.

For more information, please visit:

- www.cms.hhs.gov/quality/hospital
- www.cahps-sun.org/Products/Hospital/HCAHPSIntro.asp
- www.ahrq.gov/qual/cahpsix.htm



CAHPS Nursing Home Surveys Begin Testing Phase

In response to a request from the Centers for Medicare & Medicaid Services (CMS), the CAHPS Consortium has been developing Nursing Home Surveys that are intended to improve the ability of CMS to monitor the quality of nursing home care and help inform beneficiaries and families of their health care options.

Two instruments are in the works. One will assess the experiences of nursing home residents, while the other can be used to learn about the experiences of the family members and other caregivers.

Status of the Resident Instrument

Working closely with experts at CMS, the Consortium has been developing and refining an instrument for nursing home residents that includes questions about the care they receive and their quality of life in the facilities. Like other CAHPS surveys, this questionnaire focuses on aspects of care that meet two criteria:

- Residents consider them to be important.
- Residents are able to report on them.

The quality of care items have already been through several rounds of cognitive testing. This winter, the quality of life items are

undergoing two rounds of cognitive testing at a small number of facilities. In the spring of 2005, the Nursing Home Team will begin field testing with a group of nursing homes.

Proposed Ratings and Domains in the Resident Instrument

Topic	
Global Ratings	<ul style="list-style-type: none"> • Staff care • Nursing home
Domains	
Getting needed care	<ul style="list-style-type: none"> • Help with daily routine • Help with pain • Ease of seeing doctor when need one • Help for eye, dental, and hearing problems
Getting care quickly	<ul style="list-style-type: none"> • Staff come quickly when needed
Staff helpfulness/courtesy	<ul style="list-style-type: none"> • Staff are respectful to you
Staff communication	<ul style="list-style-type: none"> • Staff listen carefully to you • Staff explain things you need to know

Reporting Results of the Nursing Home Survey

CMS expects to report the results of at least one of the instruments to the public. To help the Agency figure out how best to report the results of these questionnaires, the CAHPS Consortium's Reports Team is conducting research to identify relevant decisionmakers and better understand their information needs. Current work involves two sets of focus groups: one with people who have already made a decision about placing a family member in a nursing home and the other with people who are thinking about that kind of decision.

Future Prospects

Assuming that the pilot testing goes smoothly, the Nursing Home Team is planning to finalize the resident instrument and submit it to CMS by early fall. The family instrument will be submitted a few months later. In the meantime, CMS will continue to explore options related to implementation, reporting, and other uses of the survey results.

Status of the Family Instrument

The Nursing Home Team has also initiated work on an instrument that can be used to gather information on the experiences of family members with nursing homes. The first major step in that process was a call for measures published in the *Federal Register* on May 6, 2004. After reviewing the questionnaires and items received as a result of that notice, the team began to prepare a draft instrument that will go through two rounds of cognitive testing starting in April 2005. The team is also creating a Technical Expert Panel that will offer the developers different perspectives on the use and value of this questionnaire. Pilot testing of the family instrument is expected to begin in the summer of 2005.

events



Improving Patient Care: How Medical Practices Are Using New CAHPS Surveys for Ambulatory Settings

**A Free Webcast on Wednesday, April 6
1:30–3:00 pm ET**

Join us on April 6 for a live Webcast on how medical groups are using survey results to improve patients' experiences with care. Our speakers will include:

- **Susan Edgman-Levitan, PA**, Executive Director of the John D. Stoeckle Center for Primary Care Innovation at Massachusetts General Hospital;
- **Dana Gelb Safran, ScD**, Director of The Health Institute, Tufts-New England Medical Center;
- **Richard Marshall, MD**, Chief Medical Officer of Harvard Vanguard Medical Associates;

- **Charles J. Hipp, MD**, President of Stillwater Medical Group (Minnesota); and
- **Lawrence E. Morrissey, MD**, Medical Director of Stillwater Medical Group.

At this Webcast, Drs. Marshall, Hipp, and Morrissey will talk about how they have successfully used surveys to improve their patients' experiences, how they overcame common obstacles, and what they have learned from this effort. You will also hear what the CAHPS Team is doing to make the new CAHPS survey for medical groups helpful for quality improvement and what we have learned about using surveys to provide medical groups with practical feedback on their patients' experiences with care.

This is a unique opportunity to learn from these experts and practitioners. We invite you to come prepared with questions, which you will be able to submit to the speakers during the event.

To register, visit www.cahps-sun.org and select the link within the "Mark Your Calendars" box.



Upcoming Webcasts

AHRQ's CAHPS Survey Users Network is planning more Webcasts this year to provide ongoing, concrete guidance related to the use of CAHPS survey products and survey results. In addition to the April 2005 Webcast on improving experiences with medical groups, the following programs are in the works:

July 2005

Innovative Uses of CAHPS Data: How States Are Improving Quality with Limited Resources. This Webcast will explore the creative ways in which States and their

partners are using CAHPS data to monitor contracts, foster accountability, and identify opportunities for improvements in care for vulnerable populations. We invite State agencies, External Quality Review Organizations (EQROs), and health plans to contact us now (cahps1@westat.com) if you have ideas or experiences to share with your colleagues, or specific issues you would like us to address in the Webcast.

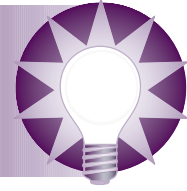
October 2005

The Role of CAHPS Surveys in Pay-for-Performance Initiatives: Current Efforts, Future Needs. This Webcast will build on the presentation on this topic at the December 2004 User Group Meeting. We will profile how CAHPS data fit into current initiatives and hear from current users about their challenges and future information needs.

November 2005

Implementing the CAHPS Hospital Survey: What We've Learned So Far. This Webcast will be an opportunity to hear from hospitals and vendors that participate in the "dry run" of the CAHPS Hospital Survey in the summer of 2005. The CAHPS Consortium will also discuss ways to address technical issues related to integrating the CAHPS Hospital Survey into existing efforts.

new resources



Presentations from the December 2004 CAHPS User Group Meeting

The 9th National CAHPS User Group Meeting attracted more than 260 attendees representing a broad array of health care organizations. This was a bigger turnout than we had anticipated, as evidenced by tight quarters in the more popular sessions. We thank all of our speakers and attendees for their strong interest, sustained enthusiasm, and useful feedback. The CAHPS Survey Users Network is using the evaluations we received from attendees to shape our future programs (e.g., Webcasts) and to determine what resources and information to provide through our Web site (www.cahps-sun.org).



Noting that CAHPS is no longer limited to health plans, presenters at the User Group Meeting offered attendees a solid overview of new CAHPS surveys for both ambulatory care and facilities—all of which will be introduced over the next few years. Speakers also offered insights into the effective use of CAHPS survey data to improve quality of care, inform consumers, and promote accountability.

All presentations are available on our Web site in PDF format at www.cahps-sun.org/Events/archive/ugm9.asp.

Improved Access to Survey and Reporting Kits

The CAHPS Survey Users Network Web site now makes it easier for sponsors and vendors to download instruments, survey administration guidelines, and related documents from the CAHPS Survey and Reporting Kits. All registered users can now request either individual documents or complete Kits for the CAHPS Health Plan Survey 3.0 and the ECHO Survey 3.0. Documents are downloaded directly to your computer at no cost.

Reporting Resources

The Kit section of the site also offers users access to several resources related to the reporting of CAHPS survey results, including lists of reporting measures, samples of reports and promotional materials, and instructions for customizing these samples to your project. We expect to add more reporting resources in 2005 as new instruments become available.

Coming Soon:

Quality Improvement Resources

To support growing interest in using CAHPS surveys to improve patients' experiences with care, the CAHPS Consortium is developing "Quality Improvement (QI) Resources" that will include guidance, tools, and other resources that can be downloaded from the Kit section of the site. If you have resources or experiences with CAHPS-related QI that you would like to share, please e-mail the CAHPS Survey Users Network at cahps1@westat.com.

To browse and request Kits and other resources, visit
<http://www.cahps-sun.org/CahpsKit/main.asp>.

CAHPS in action



In the last issue, The CAHPS Connection offered a look at how eight medical groups in Minnesota are using CAHPS survey data to assess and improve the quality of services they deliver. In this issue, we profile two related initiatives in New York State that are helping to improve the care delivered to Medicaid recipients.

Using CAHPS to Improve Care for Medicaid Recipients: MetroPlus Health Plan and Woodhull Pediatric Clinic

When MetroPlus Health Plan—a Medicaid plan serving about 210,000 enrollees in New York City—took a good look at its CAHPS results, it saw that enrollees' experiences were below the average for Medicaid plans in several areas. To figure out where to start, the plan took a closer look at the data in an effort to identify priorities and the source of its performance problems. In addition to initiating some network-wide interventions, MetroPlus began to analyze survey results at the provider level, oversampling for the high-volume primary care practices.

What MetroPlus Found

This effort to dig below the surface uncovered significant differences in the performance of the medical groups serving the Medicaid population and suggested specific opportunities to improve patients' experiences in those provider groups with low scores.

With these results in hand, the plan then turned to each of the four low-performing provider groups and asked them to submit either a plan for corrective action or a proposal for MetroPlus to pay for a facilitator for a quality improvement project. Two of the groups agreed to work with the plan to improve their performance and received up to \$50,000 from MetroPlus to support that effort.

What Happened?

One Group's Story

Woodhull Pediatric Clinic, part of North Brooklyn Health Network, was one of those groups. After reviewing the CAHPS survey results with MetroPlus, the group retained the New York University Center for Health and Public Service to do additional analyses that would provide insights into the problems underlying the data. The Center conducted a



regression analysis to identify which scores were contributing to the group's low rating for overall health care. They also listed the questions that mattered most to patients in rank order. Through these analyses, Woodhull Pediatric Clinic learned that its health care rating was associated with several factors, including ratings of the personal doctor/nurse, communication with the doctor/nurse, the helpfulness and respectfulness of staff, time spent in the waiting room, and time spent with the doctor.

For help in designing and implementing improvement strategies, Woodhull Pediatric Clinic turned to the Primary Care Development Corporation (PCDC)—a private, nonprofit firm that works with primary care practices. PCDC focused on three areas: the rating of the doctor/nurse, the helpfulness of office staff, and the respectfulness of office staff. Working with the providers and staff, PCDC implemented several strategies to improve performance in these areas:

- Established standards for customer service so that both staff and patients know what to expect;
- Developed scripts and strategies for important interactions with patients so that staff know what to say and do, especially in stressful situations; and
- Trained providers in a communications model known as "Heart to Heart, Head to Head."

Early results with pilot teams suggest that these strategies are having the desired effect on patients' experiences. The next step is to roll out the strategies to the entire staff and eventually beyond the clinic to the rest of the network.

Do you have a story about using CAHPS data? Contact us at cahps1@westat.com.

Digging Below the Surface of CAHPS Results: Help Available from the National CAHPS Benchmarking Database

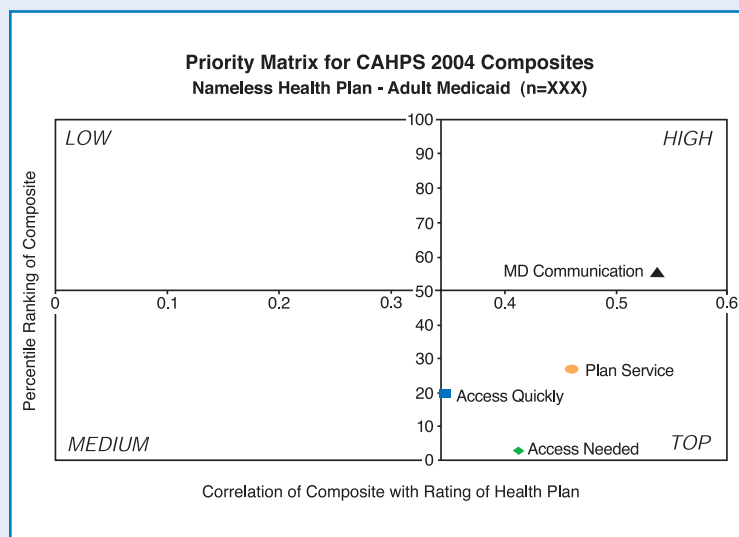
AHRQ's National CAHPS Benchmarking Database (the CAHPS Database)—the national repository for CAHPS survey results—provides survey sponsors with free reports that show how their performance compares with pertinent national and local benchmarks. As an additional service, the CAHPS Database can also produce reports designed to help health plans identify priorities for performance improvement.

In 2004, the New York State Department of Health (DOH) took advantage of that service by contracting with the CAHPS Database to analyze the performance of commercial and Medicaid plans in New York. What they learned was that overall performance was fairly consistent over time for both Medicaid and commercial plans. However, several of the composite scores and most of the ratings were below national averages. Moreover, the variation across plans was substantial: Among Medicaid plans, the health plan rating varied by 27 percentage points. Responses to the question about wait times for routine visits varied by 37 percentage points.

In October 2004, the New York State DOH invited the CAHPS Database to present the results of its analyses in a meeting with health plan medical directors. In addition to sharing statewide data, the CAHPS Database presented each plan with a Priority Matrix, which showed which aspects of performance they should regard as a priority for improvement (see example below). The meeting also included case examples of what health plans and providers are doing to improve their CAHPS scores once they have these data. The MetroPlus/Woodhull project described in the accompanying article was one of the examples presented.

What's a Priority Matrix?

A Priority Matrix plots a ranking for each composite score (on a scale of 0 to 100) against the correlation of each composite with the overall health plan rating, which is basically a measure of the "importance" of the composite. Cutoff points for both the composite score and the correlation coefficient divide the matrix into four sectors: top priority, high priority, medium priority, and low priority. By highlighting the areas most worthy of attention, this tool helps plans figure out where to focus their efforts.



For more information about analytic services available through the National CAHPS Benchmarking Database, please contact Dale Shaller, Managing Director, at 651-430-0759 or by e-mail at d.shaller@comcast.net.

in our next issue

Highlights of the April Webcast

CAHPS in Action

CAHPS 101: What's Cognitive Testing?

Resources for Users:
Free Technical Assistance

comments or questions?

The CAHPS Survey Users Network
welcomes your comments and questions.

Please contact us:

By e-mail: cahps1@westat.com

By phone: 1-800-492-9261

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